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NIXON PEABODY

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NO. 1391 P. 2

#15

PATENT  
ATTORNEY DOCKET NO.: 111325-81

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

In re Patent Application of: )  
Xin WANG ) Group Art Unit: 2132  
Application: 09/468,747 ) Examiner: Kim, Jung W.  
Filed: December 21, 1999 ) Confirmation No. 4043  
For: SYSTEM AND METHOD FOR )  
CRYPTOGRAPHICALLY PROTECTING )  
DATA )

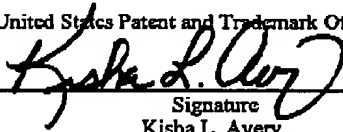
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SUPPLEMENTAL AMENDMENT

Sir:

In supplement to the Amendment filed on February 26, 2004, please consider the following:

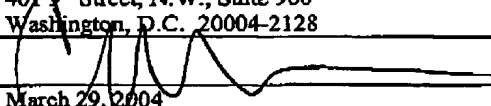
NVA289026.1

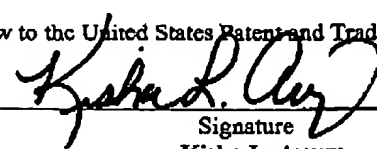
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/468,747
		Filing Date	December 21, 1999
		First Named Inventor	Xin WANG
		Group Art Unit	2132
		Examiner Name	Jung W. Kim
Total Number of Pages in This Submission		Attorney Docket Number	111325-81
		Confirmation Number	4043

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Carlos R. Villamar Registration No.: 43,224 <b>NIXON PEABODY LLP</b> 401 9 <sup>th</sup> Street, N.W., Suite 900 Washington, D.C. 20004-2128
Signature	
Date	March 29, 2004

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March 29, 2004 Date	 Signature <b>Kisha L. Avery</b> Typed or printed name